

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594435

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		/		/		
4		/		/		
5		/		/		
6		6		/		
7		6		/		
8		6		/		
9		6		/		
10		6		/		
11		6		/		
12		6		/		
13		4		/		
14		4		/		
15		4		/		
16		2		/		
17		0		/		
18		0		/		
19		0		/		
20		0		/		
21		4		/		
22		4		/		
23		4		/		
24		4		/		
25		2		/		
26		0		/		
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	82	←	22	←		←
TOTAL CLAIMS	84		24			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						